

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

605148

1. Corporation Name

KARI P. ACHENBACH DUM CA

Principal Place of Business

Mailing Address

10265 TAMIA MI TRAIL N. #10  
NAPLES FL  
33963 TRAIL N.

3. Date Incorporated or Qualified

MAY 3 1974

3a. Date of Last Report

1995

2. Principal Place of Business

21 10265 TAMIA MI TRAIL N. #10  
SUITE 10  
NAPLES FL  
33963

2a. Mailing Address

26 10265 TAMIA MI TRAIL N. #10  
SUITE 10  
NAPLES FL  
33963

4. FPI Number

591517309

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

22. City & State

NAPLES FL

27. City & State

NAPLES FL

23. Zip

33963

24. County

COLLIER

28. Zip

33963

29. County

COLLIER

9. Name and Address of Current Registered Agent

KARI P. ACHENBACH  
10265 TAMIA MI TRAIL N.  
NAPLES FL  
33963

10. Name and Address of New Registered Agent

81 Name: KARI P. ACHENBACH  
82 Street Address: 10265 TAMIA MI TRAIL N.  
83 SUITE 10  
84 City: NAPLES FL 85 Zip Code: 33963

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

KARI P. ACHENBACH 5/20/96

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	KARI P. ACHENBACH	
STREET ADDRESS	10265 TAMIA MI TRAIL	
CITY - ST - ZIP	NAPLES FL 33963 #10	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	10265 TAMIA MI TRAIL N.	
1.4 CITY - ST - ZIP	NAPLES FL 33963 #10	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	800001841458	
5.3 STREET ADDRESS	-05/28/96--01053--041	
5.4 CITY - ST - ZIP	***200.00	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE:

*[Signature]*

KARI P. ACHENBACH 9415661444  
5/20/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)